

**U.S. Army Child Development Services
Infant Sleep Position Agreement**

I, the undersigned, as the parent/guardian of _____ have read and understand the information on the back of this agreement, which will be followed in U.S. Army Child Development Services Program settings. I agree and have designated below one of the following sleep positions for my infant from birth – 12 months of age when receiving care in U.S. Army Child Development Services program:

- a. _____ My infant will be put on (his) or (her) back to sleep as recommended by the American Academy of Pediatrics.**
- b. _____ My infant has a special medical condition, and my child's physician has provided written instructions to put my infant to sleep on (his) or (her) stomach after weighing the relative risks or benefits. These instructions, signed by the physician, are attached to this Infant Sleep Position Agreement.**

Parent/Legal Guardian Signature

Date

Printed Parent/Legal Guardian Name

Address:

Home Phone:

Work Phone:

This signed agreement will be kept in the Child Development Center/Facility Infant area or the Family Childcare Home, as well as in the infant's CYS registration file.